



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$242420468
Outpatient Patient Service Revenue	\$268926055
<b>Total Gross Patient Service Revenue</b>	<b>\$511346523</b>

2. Deductions From Revenue

Contractual Allowance	\$318937717
Other Deductions	\$7465161
<b>Total Deductions</b>	<b>\$326402878</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$184943645
Other Operating Revenue	\$7188589
<b>Total Operating Revenue</b>	<b>\$192132234</b>

4. Operating Expenses

Salaries and Wages	\$36882833	Employee Benefits	\$11508223
Depreciation and Amortization	\$6886388	Interest Expense	\$727186
Bad Debt	\$0	Other Expenses	\$81152607
<b>Total Operating Expenses</b>	<b>\$137157237</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$54974997	Total Assets	\$113826000
Net Non-operating Gains over Loss	\$-1234608	Total Liabilities	\$44141000

Total Net Gains	\$53740389
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$155464461	\$125434436	\$30030025
Medicaid	\$51418064	\$41503583	\$9914481
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$304463998	\$159464859	\$144999139
Total	\$511346523	\$326402878	\$184943645

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$41990	\$-41990
Hospital Patients	\$0	\$105977	\$-105977
Community Education	\$0	\$57345	\$-57345

Number of Medical Professionals Trained	704
Number of Hospital Patients Educated	3651
Number of Citizens Exposed to Health Education Messages	2935

Statement Six: Charity Statement
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Hospital Charity Charges	\$13379778
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3370914	
HCI Payments	\$0		
Subtotal	\$0	\$3370914	\$-3370914
Medicaid Shortfalls	\$9914481	\$19248824	
Subtotal	\$9914481	\$22619738	\$-12705257
DSH Payments	\$0		
Subtotal	\$9914481	\$22619738	\$-12705257
Medicare Shortfalls	\$30030026	\$39167865	
Other Government Programs	\$0	\$0	
Total	\$39944507	\$61787603	\$-21843096

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$316672	\$-316672
Community Assessment	\$0	\$478493	\$-478493
Provision of Taxes	\$0	\$6294508	\$-6294508
Other Allocations	\$0	\$0	\$0

Comments